



Transforming Lives

The Healthcare
Campaign for
Greencroft Goshen

Intent to Gift Form

I strongly believe in the mission and values of Greencroft Goshen. They provide caring and compassionate service to seniors from all economic backgrounds. I would therefore like to make a gift to support this important effort to renovate and expand their Healthcare Center.

As an expression of faith, I/we, therefore, hope and plan to make the following gift of \$_____ to the Healthcare Campaign at Greencroft Goshen, which can be made over a period of up to 5 years. I/we have enclosed \$_____ toward this commitment.

I would therefore like to pay my gift commitment according to the following schedule:

2011	\$ _____	2014	\$ _____
2012	\$ _____	2015	\$ _____
2013	\$ _____	2016	\$ _____

I would like to receive a statement on the status of this intent to gift:

Monthly Quarterly Semi-annually Annually

I would like to make my first payment on: _____
(Date)

Signature

Date

Name – Please Print _____

Address _____

City _____ State _____ Zip _____

Telephone: _____ Email: _____

All gifts are tax-deductible as allowable by law. Please make your check payable to: Greencroft Communities Foundation (Healthcare Campaign) and send to PO Box 819, Goshen, Indiana, 46527-0819. Please contact Matthew Lentsch at 537-4708 or at matthewl@greencroft.org with questions.